

LETTER OF INTEREST



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
CAPITOL HILL
PROVIDENCE RI 02908

LOI NUMBER: B01485
TITLE: CEREMONIAL FIRING SQUAD/BUGLER
CR NUMBER: CR-1

BUYER: JEROME MOYNIHAN
PHONE #: (401) 222 - 2142 ext. 119
BLANKET PERIOD: 10/1/02 - 9/30/06

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MILITIA OF THE STATE
MS EXECUTIVE MILITARY STAFF
ADMIN FINANCIAL DIVISION
645 NEW LONDON AVENUE
CRANSTON RI 02920

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MILITIA OF THE STATE
MS OFFICE OF PUBLIC SAFETY
645 NEW LONDON AVE
CRANSTON RI 02920

Requisition Number(s): R14A022347

Item	Class-Item	Unit	Unit Price
	CONTRACT PERIODS: 11/1/02 - 9/30/06		
	INDEPENDENT CONTRACT SERVICES (SPECIFICATIONS ATTACHED) WITH ENCLOSURES; CEREMONIAL FIRING SQUAD DETAIL SOP, CONTRACT APPLICATION AND QUALIFICATION FORMS		
1.0	952-64 BUGLER RATE PER CEREMONY (ALL INCLUSIVE RATE)	EA	30.00
2.0	952-64 FIRER DETAIL PER CEREMONY (ALL INCLUSIVE RATE)	EA	25.00
	APPROXIMATELY 1400 MILITARY FUNERALS WERE CONDUCTED IN RI LAST YEAR. OCCASIONALLY, SERVICES WILL BE NEEDED COMMUNITIES ADJACENT TO THE RI BORDER.		
	BUGLER MAY BE SUBJECT TO AUDITION.		
	FIRER CANDIDATES MUST PROVIDE PROOF OF ACTIVE OR PREVIOUS MILITARY SERVICE. SUBMISSION OF DD214 MAY BE USED TO INDICATE PREVIOUS MILITARY SERVICE. ALL CANDIDATES MUST INCLUDE COMPLETED W-9 WITH RESPONSE.		
	MILITARY CONTACT PERSON: MSGT JOHN BALLOU AT: (401) 275-4160		

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Continuous Recruitment Certification Cover Form is attached. The signed Certification Cover Form must be attached to the front of the offer.
I agree to the above rates of compensation.

Signature _____

RIVIP VENDOR ID#: _____

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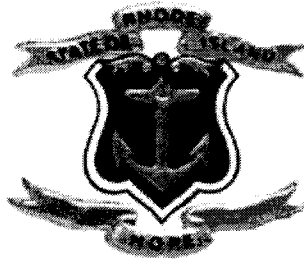
Requisition Number(s): R14A022347

Item	Class-Item	Unit	Unit Price
	<p>*THIS IS A CONTINUAL ENROLLMENT PROCESS. AT THE END OF EACH MONTH, THE DIVISION OF PURCHASES WILL FORWARD ALL APPLICATIONS RECEIVED TO THE EXECUTIVE MILITARY STAFF FOR REVIEW.</p> <p>THE MILITARY STAFF WILL, AFTER REVIEW, INFORM THE DIVISION OF PURCHASES OF ALL QUALIFIED CANDIDATE APPLICANT RECEIVED. THE DIVISION OF PURCHASES WILL CREATE, ADD TO, AND MAINTAIN THIS LIST OF QUALIFIED FIRERS AND BUGLERS.</p> <p>BLANKET REQUIREMENTS: 10/1/02 - 9/30/06</p> <p>THIS IS A CONTINUOUS ENROLLMENT BID.</p>		

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Continuous Recruitment Certification Cover Form is attached. The signed Certification Cover Form must be attached to the front of the offer.
I agree to the above rates of compensation.

Signature _____

RIVIP VENDOR ID#: _____



Solicitation Information

8 Oct 02

LOI # B01485 (CR-1)

TITLE: Ceremonial Firing Squad / Bugler

Submission Deadline: Continuous Recruitment

SURETY REQUIRED: No

BOND REQUIRED: No

**Jerome D. Moynihan, C.P.M., CPPO
Administrator of Purchasing Systems**

**Vendors must register on-line at the State Purchasing Website at
www.purchasing.state.ri.us.**

NOTE TO VENDORS:

**Offers received without the entire completed three-page RIVP Generated
Bidder Certification Form attached may result in disqualification.**

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

Any questions concerning these services should be addressed to MSGT. John Ballou at 401 275-4160.

Interested offerors may submit responses to provide the services covered by this Request.

Responses (an original plus one copy) should be mailed or hand-delivered in a sealed envelope marked "LOI # B01485 (CR-1): Ceremonial Firing Squad / Bugler " to

By Courier:

**RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855**

By Mail:

**R.I. Department of Administration
Division of Purchases
P.O. Box 6528
Providence, RI 02940-6528**

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or which are otherwise not presented in the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered.

Responses must include the following:

- A completed and signed R.I.V.I.P.generated bidder certification cover form (downloaded from the R.I. Division of Purchases Internet home page at <http://www.purchasing.state.ri.us>)
- Firer candidates must provide proof of active or prior military service. Submission of DD214 may be used to indicate previous military service.
- A completed and signed W-9 Taxpayer Identification Number and Certification Form, which may be downloaded from www.purchasing.state.ri.us Call the Helpline at 401 222-2142, ext 134 if computer technical assistance is needed.

Evaluation and Selection

Approximately 1400 military funerals were conducted in Rhode Island in 2001. Occasionally, services will be needed in communities adjacent to the Rhode Island border. The State wishes to have a master list of many qualified service providers, buglers and firers, to meet the need.

Bugler candidates will be subject to an audition.

Responses received will be forwarded to the Rhode Island Militia of the State for review and recommendation.

Inclusion on the Master Price Agreement is no guarantee of income.

State of Rhode Island
**PAYER'S REQUEST FOR TAXPAYER
 IDENTIFICATION NUMBER AND CERTIFICATION**

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

--	--	--

Employer ID No. (EIN)

--	--

NAME _____

ADDRESS _____

(REMITTANCE ADDRESS, IF DIFFERENT) _____

CITY, STATE AND ZIP CODE _____

CERTIFICATION: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding either because: (A) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (B) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions -- You must cross out item (2) above if you have been notified by IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

PLEASE SIGN HERE

SIGNATURE _____ TITLE _____ DATE _____ TEL NO. _____

BUSINESS DESIGNATION:

Please Check One: Individual ☐ Medical Services Corporation ☐ Government/Nonprofit ☐
 Partnership ☐ Corporation ☐ Trust/Estate ☐ Legal Services Corporation ☐

NAME: -- Be sure to enter your full and correct name as listed in the IRS file for you or your business. **ADDRESS, CITY, STATE AND ZIP CODE** -- Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

CERTIFICATION -- Sign the certification, enter your title, date, and your telephone number (including area code and extension).

BUSINESS TYPE CHECK-OFF -- Check the appropriate box for the type of business ownership.

MAIL TO: VENDOR FILE COORDINATOR, ONE CAPITOL HILL, PROVIDENCE, RHODE ISLAND 02908

CEREMONIAL FIRING SQUAD DETAIL

1. **SCOPE OF WORK:** Firing Squad for Funerals. The purpose of the ceremonial firing squad detail is to provide military honors whenever requested by the family of any honorably discharged, deceased soldier, sailor, airperson, or marine of any of the wars in which the United States has been engaged, or by a veterans' organization duly authorized to conduct the funeral of the deceased soldier, sailor, airperson, or marine, the adjutant general of the state shall furnish a firing squad for the funeral of the deceased soldier, sailor, airperson, or marine; provided, however, that when the national guard of the state shall have been called, ordered, or drafted into the service of the United States for war or an emergency, the adjutant general shall furnish the firing squad from the first regiment, Rhode Island state guard; provided, further, however, that when any member of the armed forces of the United States dies in service and his or her body is brought back to the state for burial whenever request by the family of the deceased or by a veterans' organization duly authorized to conduct the funeral of the deceased member of the armed forces, and it is not possible to arrange with the federal government for a firing squad for the funeral of the deceased member of the armed forces, the adjutant general of the state is authorized and directed to furnish a firing squad and bugler (if requested) for the funeral of the deceased member of the armed forces.

2. **CORE ELEMENTS OF THE FUNERAL HONORS CEREMONY:**

Reference: Ceremonial Firing Squad SOP

- Three volley fire of M14 weapon.
- Flag folding
- Flag Presentation
- Playing of Taps

3. **METHOD OF PAYMENT:**

In accordance with R.I.G.L. 30-25-1 and 30-25-2.

Firing Squad Detail: Two members provide service one as a Firer and one Squad Leader also a firer. Rate per ceremony \$25.00 each member

Bugler: One member (military or civilian). Rate per ceremony \$30.00

4. **DESCRIPTION OF SERVICE TO BE PROVIDED:**

The Executive Military Staff, Office of Public Safety, is seeking the services from active or retired members of the Rhode Island Army and Air National Guard or any other branch of service whom can actively participate in meeting the

requirements as established in the Ceremonial Firing Squad SOP (Standing Operating Procedures) dated 19 December 1997 and any amendments thereof.

Each Firing Squad will be composed of two members, a firer and a squad leader, who will also be a firer. The firing squad division will cover all of the State of Rhode Island and, if possible, nearby Massachusetts. If National Guard Full-Time technician personnel are utilized as Firing Squad members during normal working hours, annual leave or compensatory time must be utilized to commensurate with their absence. Each Bugler will perform Taps as requested and will cover all of the State of Rhode Island and, if possible, nearby Massachusetts.

The Executive Military Staff will screen the members through an interview process by the Ceremonial Firing Squad Coordinator. Members will be required to provide a brief history of military association and experience, which demonstrates compliance with Ceremonial Firing Squad Standards of Operation (SOP). The Ceremonial Firing Squad SOP will be available for members, as requested, at the Office of The Adjutant General, Executive Military Staff.

It will be the Executive Military Staff's responsibility to have the pool of firing squad members thoroughly trained in accordance with the Ceremonial Firing Squad (SOP) and pool of Buglers, either military or professional musicians.

The Executive Military Staff reserves the right to refuse to accept the services of any member for cause. The Executive Military Staff reserves the right to add additional members as required to meet funeral detail requirements. The Executive Military Staff, Ceremonial Firing Squad Coordinator will request Detail and Bugler as needed. Firing Squad detail members and/or musicians must be available during the day or at night Monday through Saturday at scheduled time/location of ceremonies. Services are scheduled on an as needed basis, requested by a family member of the deceased veteran or by the Funeral Home on behalf of the family.

TIME FOR PERFORMANCE: The Executive Military Staff anticipates a need of at least twenty detail team members and six Buglers year round.

FIRING SQUAD DETAIL REQUIREMENTS:

Under supervision of Area Coordinator, determined by Coordinator, to perform military honors in accordance with SOP.

Transportation:

Firing Squad Detail will be required to utilize military TMP vehicles to the location of ceremony for transport of weapons and ammunition. Drivers must possess a valid driver's license.

Buglers are required to provide their own transportation.

EXAMPLES OF WORK PERFORMED:

Firing Squad Detail – To follow military protocol and procedures in the performance of military honors. Must have the ability to stand for long periods of time and ability to fire weapons. Must possess the ability to speak clearly.

Must be a military member or retired member of the Armed Forces of any Branch of Service. Prior military service members must have served honorably and discharged under honorable conditions. The Firing Squad Detail will be required to wear Class A Uniform representing their branch of service. Uniform must be serviceable, clean and pressed at all times. Grooming will be in accordance with military standards. Additional duties may be assigned to any squad member to fulfill ceremonial honors.

Weapons and ammunition (blanks) provided by the Rhode Island National Guard.

Bugler - To follow military protocol and procedures in the performance of military honors. Must have the ability to stand for long periods of time and ability to play taps. Military buglers are required to wear Class A Uniform representing their branch of service. Prior military service members must have served honorably and discharged under honorable conditions. Non-military musicians performing taps are required to wear appropriate business attire and represent themselves in a professional manner.

Must provide own musical instrument.

CONTRACT AND PAYMENT TERMS:

The Coordinator will submit payment for the detail and buglers on individual invoices once per month upon verification services were performed in accordance to the SOP, Appendix D – Funeral Report.

Controlling Headquarters: State of Rhode Island, Office of The Adjutant General, Command Readiness Center, 645 New London Avenue, Cranston, Rhode Island 02920-3097.

Mission Assignments: All firing squad missions will be assigned to the area coordinator for action.

CEREMONIAL FIRING SQUAD



STANDARD OPERATING PROCEDURES (SOP)

CEREMONIAL FIRING SQUAD SOP

1. Purpose: The purpose of this SOP is to provide policy and guidance for members of the Firing Squad Detachment, Executive Military Staff, Office of Public Safety, in the performance of duty on ceremonial firing squads.
2. References:
 - a. Executive Order #30, dated 17 July 1978, State of Rhode Island, as amended.
 - b. Rhode Island General Laws, Section 30-25-1 and 30-25-2.
 - c. FM 22-5 dated 3 December 1986.
3. Responsibilities:
 - a. Adjutant General:
 - (1) Provides guidance, and implementing directives, to insure proper procedures are followed by ceremonial firing squads.
 - (2) Appoints a ceremonial firing squad coordinator.
 - b. Ceremonial Firing Squad Coordinator
 - (1) Receives requests for ceremonial firing squads.
 - (2) Verifies status of veteran and provides the funeral director with the pertinent information for interment.
 - (3) Contacts individual members of squads for detail assignments.
 - (4) Issues administrative instructions to area coordinator and to squad members.
 - (5) Provides area coordinator with copies of appropriate data sheets, i.e., firing squad data sheet, ceremony and special events data sheet and funeral reports.
 - (6) If requested, calls bugler for each ceremony and relays all pertinent information for military funeral.
 - (7) Completes necessary administrative requirements and coordinates with Military Personnel Management Officer; Military Staff Employee Relations Officer and fiscal staff to

(8) insure payment of firing squad detail. The Executive Military Staff's authorized representative will furnish monthly; a listing; of all members having performed services for invoicing.

(9) Appoints area coordinator.

c. Area Coordinator

(1) Receives requests for ceremonial firing squad from ceremonial squad coordinator.

(2) Insures transportation for squad members to and from ceremony site.

(3) Issues necessary weapons and blank ammunition to squad members.

(4) Insures supply of blank ammunition is maintained at proper level.

(5) Maintains vehicles.

(6) Maintains weapons and weapons storage.

(7) Forwards all names of squad members and bugler to ceremonial firing squad coordinator for payment validation.

(8) Fills in for the ceremonial firing squad coordinator in his absence.

d. Firing Squad Leader

(1) Insures the timely reporting of squad to the ceremony site.

(2) Remains cognizant of procedures and commands given during various ceremonies.

(3) Insures all members are in proper uniform and have necessary equipment.

(4) Provides personnel to fold flag upon request of funeral director.

(5) Presents flag to the next of kin, using words to this effect:

“On behalf of the President of the United States, and the Governor of the State of Rhode Island, it is with deepest regret that I present you with this flag.”

e. Firing Squad Members

- (1) Remains cognizant of procedures and commands given during various ceremonies.
- (2) Responds to commands.
- (3) Wears proper uniform and maintains neat appearance.
- (4) Reports to area at the proper time as prescribed by firing squad coordinator.
- (5) Maintains proper military bearing and courtesy at all times.

4. Firing Squad Composition

- a. Firing Squads will be formed utilizing personnel from active or retired members of the Rhode Island Army and Air National Guard or any branch of service as deemed appropriate. Their services will be in accordance with the procedures established by the State of Rhode Island, Department of Administration and the Division of Purchases as Independent Contractors.
 - b. Each Firing Squad will be composed of two members, a firer and a squad leader, who will also be a firer.
 - c. The Firing Squad assignments will cover all of the State of Rhode Island and, if possible, nearby Massachusetts.
 - d. If National Guard Full-Time technician personnel are utilized as Firing Squad members during normal working hours, annual leave or compensatory time must be utilized to commensurate with their absence.
5. Controlling Headquarters: State of Rhode Island and Providence Plantations, Office of the Adjutant General, Command Readiness Center, 645 New London Avenue, Cranston, Rhode Island 02920-3097.
6. Mission Assignments: All Firing Squad missions will be assigned to the area coordinator for action.
7. Firing Squad Procedures (See Appendix A).

8. Proper Procedures for Folding Flag (See Appendix B).
9. Special Instructions (See Appendix C).
10. Reports (See Appendix D).
11. Safety: All safety precautions will be followed involving vehicles and weapons during these missions.

FIRING SQUAD PROCEDURES

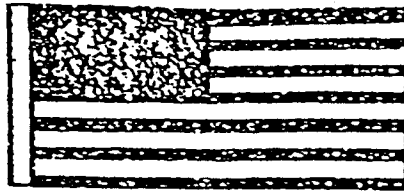
1. General Rules: For ceremonial firing, the Firing Squad will consist of no less than two riflemen/women, one of which will act as NCOIC.
 - a. Gravesite:
 - (1) The Firing Squad is normally pre-positioned at the gravesite and facing in the direct which will allow the riflemen/women to fire directly over the grave. However, for safety purposes, the firing party may find it necessary to swing the muzzles of their weapons to the right or left to avoid firing over the attendants.
 - (2) When the casket is being carried to the gravesite, the NCOIC will call the squad to attention, port arms, present arms. When casket is placed at the gravesite, the NCOIC will call the squad to port arms, order arms, parade rest.
 - b. Chapel:
 - (1) The Firing Squad will be pre-positioned at the Chapel with one member on each side of the entrance. The NCOIC will determine a safe place to fire outside the Chapel.
 - (2) When the casket is being carried into the Chapel, the NCOIC will call the squad to attention, port arms, present arms. After the casket is in the Chapel, the NCOIC will call the squad to port arms, order arms, parade rest.
2. To Load Weapons:
 - a. Magazines or clips are loaded with three rounds prior to forming the Firing Squad
 - b. Upon arrival at the cemetery, the Firing Squad will load the magazines or clips into the weapon, chamber a round, and place the weapon on safe position.
 - c. At the conclusion of the religious services, or on the escort commander's command, the NCOIC commands the squad to attention, port arms, prepare to fire, ready. On the command prepare to fire, ready each rifleman/woman faces to the half right, moves right foot 10 inches to the right to a position that gives him a firm steady stance.
3. To Fire by Volley:

APPENDIX A

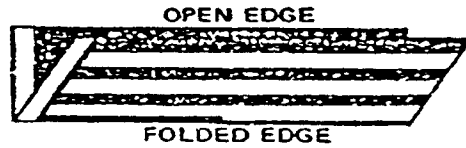
- a. When the riflemen/women have completed the movements the commands are aim, fire. On the command aim, the rifle is shouldered (from port arms) with both hands to a position with the muzzle to the front at an angle of 45 degrees from the horizontal position. On the command fire, the trigger is squeezed quickly.
 - b. To continue the firing with weapons that function automatically, the commands aim, fire are given and executed as previously prescribed.
 - c. To continue the firing with weapons, which must be manually operated to chamber another rounds, the commands aim, fire, are again given.
 - (1) After the first round is fired, each rifleman/woman will bring the weapon to port arms and pull charging handle to the rear. On the command aim each rifleman/woman releases the charging handle chambering the next round. The weapon is the shouldered. When the command fire is given, it is executed as previously prescribed.
 - (2) The third round is executed as previously prescribed.
 - d. When the third round has been fired the NCOIC will command port arms. On this command the Firing Squad will assume the position of port arms, at attention and face to half left and place the weapon on safe. From this position the firing party is command to present arms during the playing of taps. After taps, they are commanded to order arms. The weapons are unloaded and cleared as soon as possible after leaving the gravesite or chapel.
4. Flag Detail: After taps has been played, the Firing Squad will secure their weapon's and proceed to the casket. One member at the head, the second member at the foot. At this time the details will salute the flag. The detail will then fold the flag as shown in Appendix B. When the flag is folded, one member will salute. The NCOIC will present the flag to the next of kin and salute. At this time the firing squad detail will leave the gravesite or chapel.

APPENDIX A

Proper Procedure of Folding Flag



FOLD THE LOWER STRIPED SECTION OF THE FLAG OVER THE BLUE FIELD.



FOLD THE FOLDED EDGE OVER TO MEET THE OPEN EDGE.



START A TRIANGULAR FOLD BY BRINGING THE STRIPED CORNER OF THE FOLDED EDGE TO THE OPEN EDGE.



FOLD THE OUTER POINT INWARD PARALLEL WITH THE OPEN EDGE TO FORM A SECOND TRIANGLE.



CONTINUE FOLDING UNTIL THE ENTIRE LENGTH OF THE FLAG IS FOLDED INTO A TRIANGLE WITH ONLY THE BLUE FIELD AND MARGIN SHOWING.



TUCK THE REMAINING MARGIN INTO THE POCKET FORMED BY THE FOLDS AT THE BLUE FIELD EDGE OF THE FLAG.



THE PROPERLY FOLDED FLAG SHOULD RESEMBLE A COCKED HAT.



AP.

SPECIAL INSTRUCTIONS

1. The Firing Squad will arrive at the cemetery 15 minutes before the scheduled funeral.
2. The Firing Squad will wait not longer then one (1) hour after the assigned time of arrival of the funeral.

OFFICE OF THE ADJUTANT GENERAL**FUNERAL REPORT**

Command Readiness Center
645 New London Avenue
Cranston, Rhode Island 02920-3097

Name of Deceased:		Home Address (City only):		Veteran of:	
Branch:	Service Number:	SSN:		Grade of Deceased:	
Date of Enlistment:	Date of Discharge:	Name of Funeral Director: Business Address (City only): Telephone #:			
Day/Date of Funeral:		Church:		Time:	
		Location (City only):			
Cemetery: Location (City only):		ETA:	Bugler: Date & Time Notified:		
////////////////////////////////////					
Time Firing Squad arrived at Cemetery:		Name of Bugler:			
Time Funeral Cortege Arrived at Cemetery:		Time Reported:			
Name of EP Presenting the Flag:		Grade:	Names of EP on Firing Squad:		
Flag Presented to:					

I certify that the Firing Squad detail and bugler (if requested) performed the duty as prescribed by Special Orders and/or Regulations, and that all members of the Firing Squad detail are active or retired members of the military and have provided contractual services under the provisions of the Division of Purchases, State of Rhode Island

(Signature of NCOIC)

APPENDIX D

Date of Request for Funeral Honors:		UIC of unit providing the honors: W8BEAA		State where funeral takes place: RI	
Place of Internment: National Cemetery State Cemetery Private Cemetery Base/Post Cemetery Arlington National Other (includes burial at sea)		Functions Requested: Flag Folding and/or Presentation Taps Firing Party Pall Bearers Chaplain Flyover Expanded Honors (Color Guard, drill team, caisson)		Requestor's Relationship to Deceased: Funeral Director Family Member Friend of Family	
Rank of Deceased E-1 E-8 0-1 0-8 E-2 E-9 0-2 0-9 E-3 W-1 0-3 0-10 E-4 W-2 0-4 E-5 W-3 0-5 E-6 W-4 0-6 E-7 W-5 0-7		Parent Service/Component of Deceased: Army Navy Air Force Marine Corps Coast Guard Army Air Corps/Forces Merchant Marine Other		Check functions Provided: (Check all that apply) Flag Folding and/or Presentation Taps Firing Party Pall Bearers Chaplain Flyovers Expanded Honors (Color Guard, drill team, caisson)	
If taps were provided, how: Military Bugler (AD/Guard/Reserve) Civilian/Contract Bugler/ROTC VSO Bugler Recording None Provided		Total Round Trip distance to and from funeral: ____ 0-49 ____ 50-99 ____ 100-149 ____ other		Time for detail to accomplish funeral honors: ____ (round to nearest hr)	
				Reserve Detail Participation: ____ AGR – Army ____ AGR – Air ____ TECH \$ _____	
Other Detail Participation ____ Number of ROTC Detail Members ____ Number of Contract Detail Members ____ Number of Other Detail Members (retirees, etc.)		Total Contract Reimbursements: \$ _____ (\$25.00 per shooter \$30.00 bugler)			
<p>*** If funeral could not be supported as requested (fully/partially) indicate the ONE MAIN REASON why:</p> <p>Trained manpower not available Multiple funerals at same time Geographic distance Insufficient notification time Other: _____</p>					
<p>*** (IF KNOWN) If unit/installation was unable to fully provide funeral honors as requested, indicate any of the following organizations that assisted by providing full or partial honors:</p> <p>Other Military Service Guard Reserve Veteran Service Organization ROTC Other (list): Not Known</p>					
VALIDATE DATA FOR SUBMISSION TO DATABASE BY HITTING: SAVE					
INITIAL AND DATE WHEN SUBMITTED:					

EXECUTIVE MILITARY STAFF, OFFICE OF THE ADJUTANT GENERAL

CONTRACT

FIRING SQUAD TEAM MEMBER

Department Name
Executive Military Staff, Office of Public Safety**Name****Name of Division**
Firing Squad, Honor Guard, Buglers**Address****RI-SAIL Dept Number**
1014**RI-SAIL Fund Account:**
33201041.631630**Social Security Number****SERVICES PERFORMED**

FIRER

03926900 Other
Special Services**Contract Dates****From:****To:****Rate of Pay****Flat** ☒ **Hourly** ☐ **Amount: \$25.00 per ceremony****If hourly rate maximum amount:**Are you receiving retirement benefits from the
State or Municipal Employees' Retirement System
of Rhode Island?Yes ☐ No ☐**Reason for Services: Refer to Ceremonial SOP**I have read and understand the criteria to perform these services. Yes ☐ No ☐**Signature of Contract.** _____**Signature of Appoint Authority****Title****Date****Approval:**

CEREMONIAL FIRING SQUAD – QUALIFICATION/CERTIFICATION FOR FIRER

1. Do you have Prior Military Service? Yes ☐ No ☐ Indicate Branch of Service: _____

2. Were you honorably discharged? Yes ☐ No ☐ *(Provide copy of Discharge Certificate)

3. Are you an active member of the military? Yes ☐ No ☐

Branch of Service: _____

Indicate Status: ☐ AGR ☐ MDAY ☐ TECHNICIAN

4. Do you have the Uniform (Class A) of Branch of Service? Yes ☐ No ☐

5. Are you familiar with ceremonial honors and military protocol? Yes ☐ No ☐

6. What type of weapons (ie M16, M14) do you have experience with? _____

7. Do you have any experience in the performance of services requested as indicated in the SOP? Yes ☐ No ☐

DATES: _____ ORGANIZATION: _____

8. Are you available to perform these services six (6) days per week? Yes ☐ No ☐

If not, what days are you available? _____

9. Do you have a valid Rhode Island Drivers License? Yes ☐ No ☐

I certify that the information provided above is true to the best of my belief. I further certify and acknowledge that this contract upon acceptance can be cancelled at any time without notice for non-performance or if my availability can not meet the requirements of the contract.

SIGNATURE

DATE

ATTACHMENT 1

EXECUTIVE MILITARY STAFF, OFFICE OF THE ADJUTANT GENERAL

CONTRACT

CEREMONIAL SERVICES - BUGLER

Department Name Executive Military Staff, Office of Public Safety		Name	
Name of Division Firing Squad, Honor Guard, Buglers		Address	
RI-SAIL Dept Number 1014			
RI-SAIL Fund Account: 33201041.631630		Social Security Number	
SERVICES PERFORMED BUGLER	 03926900 Other Special Services	Contract Dates From: , To:	
Rate of Pay Flat <input checked="" type="checkbox"/> Amount: \$30.00 per ceremony			
Reason for Services: Refer to Ceremonial SOP			
I have read and understand the criteria to perform these services. Yes <input type="checkbox"/> No <input type="checkbox"/>			
Signature of Contract: _____		Date: _____	
COMPLETE THE QUALIFICATIONS FOR ATTACHMENT 2.			
Approval:			

CEREMONIAL FIRING SQUAD – QUALIFICATION/CERTIFICATION FOR BUGLER

1. Do you have Prior Military Service? Yes ☐ No ☐ Indicate Branch of Service: _____

2. Were you honorably discharged? Yes ☐ No ☐ *(Provide copy of Discharge Certificate)

3. Are you an active member of the military? Yes ☐ No ☐

Branch of Service: _____

Indicate Status: ☐ AGR ☐ MDAY ☐ TECHNICIAN

4. Do you have the Uniform (Class A) of Branch of Service? Yes ☐ No ☐

5. Are you familiar with ceremonial honors and military protocol? Yes ☐ No ☐

6. What does the playing of TAPS signify? _____

7. Do you own a bugle to perform TAPS? Yes ☐ No ☐

8. Do you have any experience in the performance of these services as indicated in the SOP? Yes ☐ No ☐

DATES: _____ ORGANIZATION: _____

9. Are you available to perform these services six (6) days per week? Yes ☐ No ☐

If not, what days are you available? _____

10. Do you have a valid Rhode Island Drivers License? Yes ☐ No ☐

I certify that the information provided above is true to the best of my belief. I further certify and acknowledge that this contract upon acceptance can be cancelled at any time without notice for non-performance or if my availability can not meet the requirements of the contract.

SIGNATURE

DATE

ATTACHMENT 2